



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	Committee	to Elec	7	COHN	ATKIN	5	_
Account Number:	-		Date of	this Report:	1-22-0	7_	
REPORTING PERIOD:	FROM:		_ TO:	-			
Check the box that applies to	this report:						
Primary Election	□ 8-DAY	□ 30-DAY		Office:	C	Rep-	11151
General Election	□ 8-DAY	□ 30-DAY			UTATE	1000-	11-
Other Election	□ 8-DAY	□ 30-DAY				1	
Special Election	□ 8-DAY	□ 30-DAY					
Year End Report	Final Organiz	cation Closing			Closing Date:	12-31-	06
I authorize that all informatio regulations regarding Campa the Office of the State Election	ign Finance and the	election process in	the State o	of Delaware.	I understand that	representatives f	
Blu Ma	Henley					1-22-07	
TREASURER SIGNATURE	Y				DA	TE	
John att	in				1-	22-07	_
CANDIDATE SIGNATURE					DA	TE	
/ /							



STATEMENT OF ACCOUNT BALANCE

<u>A(</u>	CCOUNT #:	RE	PORTING PERIOD:	11-1-06	12-31-0
				FROM	то
1.		ING BALANCE out Balance from last reporting period)		3	4,825, 59
2.	RECEIPT	rs:			
	Α.	SCHEDULE A – TOTAL RECEIPTS		_	3,800,00
	В.	SCHEDULE C-1 - TOTAL IN-KIND COM	TRIBUTIONS	_	0
	C.	SCHEDULE D-1 – TOTAL LOANS RECE	CIVED	_	0
	D.	SCHEDULE E – TOTAL EXPENSE REIN	BURSEMENTS RECEIVED	-	0
	E. SI	UBTOTAL (Total of A, B, C, D)		<u>141</u>	3,800,00
3.	EXPEND	ITURES:			
	F.	SCHEDULE B - TOTAL EXPENDITURE	s	_	2,368. 50
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXP	ENDITURES	=	0
	Н.	SCHEDULE D-2 – TOTAL LOAN PAYM	ENTS	-	<i>D</i>
	I.	SCHEDULE E - TOTAL EXPENSE REIM	ABURSEMENTS PAID	2	0
	J. S	UBTOTAL (Total of F, G, H, I)		-	2,368, 50
4.		BALANCE ng Balance plus 2E, minus 3J)		a	6,257.09
5.	VALUE O	OF NON-CASH ASSETS (From Schedule F)		, , ,	
6.	VALUE O	OF DISPOSED/TRANSFERRED ASSETS (From	Schedule G)	EC-	
7.	VALUE O	OF LOANS AT END OF PERIOD (Loan Balance	from Schedule D-2)	39 <u>—</u>	War.
8	CLOSEO	IIT RAL ANCE (Must squal zara if Committee a	locad)		and the same



SCHEDULE A - TOTAL RECEIPTS

		ONS IN EXCESS OF \$100 AND PO			
ate eived	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
-0%		Del Chivoravactic Society			200-
6		Do I Standard bred Ourses	830 Walker Sa Dover De		300 -
6		Sunsto Corporate	1735 Market St. Ste Phil, PA		200 -
6		Astra anecla	1800 Concord Pike Wilm De		100 -
6		Delaware Restaurant des	PO Box 8004 Neyak, De	13	200 -
6		DISCHOOL MORICAL PAC	1925 Loveling the Williams	/A	300 -
56		Dalo Short	21284 Stoll Station Ed France	1 10	150 -
Va.		Cini Al Fairs Construction	POBOX FARZ WILM TO	a se	600-
06		The PAC	1251 N Drange St Wilm, 18		200-
Na		DENPAC	200 Continental Dr. Nemarc De		300
06		WSFS PAC	838 Market St Wilm, De		100 -
No		NEIB PAC	1201 F St NW Suck 600		
_			Wash, DC		600.
+		,			
+		and the second s			
+		-			
\rightarrow					
\forall					
\top					
_					
_					
					2 11 51
RE	CEIPTS O	F PERSONS IN EXCESS OF \$100	AND POLITICAL COMMITTEES		3800-

GRAND TOTAL RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT#:	REPO	PRTING PERIOD:		/ ~/-06 FROM	12-31-04
				FROM	ТО
the amour	expenditures over \$100 for the reporting pent with office sought. NOTE: IF you expert d if the aggregate amount is over \$100, ex	d funds to the same person or organization	ees must be it n several times	emized, regardless during the report	ing cycle, each it
XPENDIT Date Expended	Payee Name	Payee	Reason	Aggregate	Amount
1-7-06	0 1 1 0	Mailing Address	Code	Amount	Expended
1-7-06	Mountain Mud	M.11.4- De			100 -
1-7-06	Smith ME Geos	Mills boxes De			100-
1-7-06	Keven Sasada	Decares of De			129-
1-7-06	Missus County Little	Long Neck, De		417	192 1
1-30-06	Justen Lymber	Gebrusten De		as w	610-
5-50-06	33rd Dist Committee	Camolen, De	V-10-		250
1-1406	John Herriel	Millsboro De			200-
-28-06	Gramer Fund (concer)	Millsham, De			100
			NO. 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20		
			W		
			-		!
					
				(d) - (1)	
			5		
OTALEY	DENDITUDES IN DECESSOR OF STAR AN	IN NOV INVOLVE CONTINUES			
DIALEX	PENDITURES IN EXCESS OF \$100 A	ND POLITICAL COMMITTEES			17,80,51
OTAL EX	PENDITURES TO PERSONS NOT IN	EXCESS OF \$100			FOUT
e a sad add	- D.	OI GIVU			202.
RAND TO	TAL EXPENDITURES				23/8 5

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

[25] [1] [2] [2] [3] [3] [3] [3] [3] [3] [3] [3] [3] [3				FROM	TO
Date Received Name Contributor Mailing Address Contribution Value R	NOTE: If you re each item must but the contract of the contrac	ceive in-kind contributions from the listed if the aggregate amount TRIBUTIONS IN EXCESS OF	the same person or organization several t is over \$100, even if the individual amou \$100:	times during the reporting period ants are not.	1 ,,,
Received Name Mailing Address Contribution Value R					(ICES) Estimated
	Received	Name			Value Receive
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
POTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
POTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100				7.700	
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
FOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
TOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100					
	TOTAL IN-KI	ND CONTRIBUTIONS IN EXC	CESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

				FROM TO	TO \
Date Payee Payee Descript	NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the sa listed if the aggregate amoun DITURES IN EXCESS OF	me person or organization several times d t is over \$100, even if the individual amou \$100:	turing the reporting period, unts are not.	
Expended Name Mailing Address Expend	Date	Payee	Payee	Description of	Estimated
	Expended	Name	Mailing Address	Expenditure	Value Expend
			Welling House		
			W-1-4-W		
			and the second of the second		
TOTAL IN VINE EVERNETURE IN EVERSO OF CLOS	FOTAL IN MINE	EVBENDITUDES IN ENG	TECC OF CIAG		
FOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100	IOTAL IN-KIND	EXPENDITURES IN EXC	ESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ACCT#:		REPORTING PERIOD:	11/1/06 FROM	12	131/06
	f \$50 RECEIVED DURING THIS REPORTING D IN EXCESS OF \$50:	PERIOD should be itemized on this schedule. NOTE: These loans mu			то
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
TOTAL LOANS R	ECEIVED CEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEN	IENT OF ACCOUNT BALANCE, ITEM 2C)			0



SCHEDULE D-2 - LOANS

TOTAL LOANS

ACCT#:					REPORTING PE	RIOD:	11/1/06 FROM	12/31/06
	g loans in excess of \$50 must be l XCESS OF \$50:	isted. This includes loans from Lend	ing Institutions, Candidate's Personal Funds and Other	Contributors.				
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance	
			avien vi					
-								
								10
				-				

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT#:			REPORTI	NG PERIOD:	11/10/0
	rsements received by you and paid by you must be ite				FROM
Date	Reimburser Name	Description	Activity	Total	Reimbursemen
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
OTAL REIMBU	RSEMENTS RECEIVED				0
	RSEMENTS RECEIVED	CTATEMENT OF ACCOUNT BALLANCE ITEM ID			0_
	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			0_
EIMBURSEMENTS		s for expenses they incurred.			0
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity	Total	Reimbursemen
IMBURSEMENTS IMBURSEMENTS Date	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	s for expenses they incurred.		Total Expense Amoun	Reimbursemen Paid
EIMBURSEMENTS	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		
IMBURSEMENTS IMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		
IMBURSEMENTS IMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		
IMBURSEMENTS IMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		
IMBURSEMENTS IMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		
IMBURSEMENTS IMBURSEMENTS Date	NTS PAID (Monies paid by you to reimburse other Payee Name	s for expenses they incurred. Description	Activity		

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)



SCHEDULE F - NON-CASH ASSETS

CT #:		REPORTING PERIOD:	11106 1213
			FROM
tributed to the organ	nization.	ng those paid for by the organization, lent to the organization	eation and
T ALL NON-CAS	H ASSETS: Description	Location	Value
eceived	of Asset	of Asset (Physical Address)	of Asset
	- Aug		

TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT#:		REPORTING PERIOD:	Malos assis
Itemize all assets dispos	sed of, transferred or sold by the organ	nization during the reporting period.	FROM TO
ALL NON-CASH ASS	SETS		
Date	Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
	 		
TOTAL ASSETS ELI	MINATED		D

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)